Mana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>7-2-2007</u>	Address:	WATSON ROAD & POPULAR
Case #:	24F28405		WALKERTON, IN
County:	ST. JOSEPII		
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			heck all that apply)
	onal Lab al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel☐ Open – No Structure☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
☐ Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location): TRASH ONLY (NO CHEMICAL)			
☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrine	e Information e/Pscudoephedrine Tracking Log erchant Tip
This report is to be faxed to the following agencies that serve the location:			
Health Dep	ment: <u>WALKERTON FIRE</u> artment: <u>ST. JOSEPH</u> ction Service: <u>N/A</u>	Fax: <u>574-5</u> Fax: <u>574-2</u> Fax:	35-94 <u>97</u>
For further information regarding this methamphetamine laboratory, contact Investigating Officer: JASON FAULSTICH Phone 1-800-552-2959			

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sont to the Clandestine Laboratory Team Leader for retention.